

PHARMACY TECHNICIAN AFFIDAVIT

- **This form is to be kept in the Employer's permanent pharmacy files for the duration of the employment of the technician or as the law requires.**
- **Please do not return this document to the Pharmacy Board.**

I _____ do attest that I have read Pharmacy Technician Rule 1140-2-.02 and T.C.A. § 63-10-201 thru 63-10-212 and § 63-10-301 thru 63-10-310.

I understand the statutes and regulations pertaining to the practice of pharmacy in Tennessee.

All registered pharmacy technicians shall immediately notify the Board in writing of and changes of address or new employer.

Signature of Technician

Signature of Employer